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*Published in:*  
GSTF Journal of Nursing and Health Care

Published: 01/12/2017

*Document Version*  
Publisher's PDF, also known as Version of record

[Link to publication on the UWS Academic Portal](#)

*Citation for published version (APA):*

Hunter, D., McCallum, J., & Howes, D. (2017). Doing the little things: the meaning of compassionate care to Scottish student nurses. *GSTF Journal of Nursing and Health Care*, 5(1).  
<http://dl6.globalstf.org/index.php/jnhc/article/view/1260>

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# Doing the little things: the meaning of compassionate care to Scottish student nurses.

*Findings from an Exploratory-Descriptive Qualitative Study.*

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**Abstract**—Compassion is a topical issue in nursing, in relation to clinical practice, nurse education and policy. By reviewing the literature focusing on this aspect of nurse education, it was apparent that the experiences of student nurses themselves regarding compassionate care had received little attention. This paper describes a study which aimed to address this gap in the literature. The underpinning methodology used within the study is that of an exploratory-descriptive qualitative (EDQ) design. Following ethical approval, data was collected via individual, semi-structured interviews with fifteen student nurses across four different geographical locations in the West of Scotland. Findings identified that student nurses described compassionate care as 'doing the little things', small acts of kindness which have an impact on the patient or relative. In addition, compassion relies on communication and the building of relationships.

**Keywords**-student nurses; compassionate care; qualitative research

## I. INTRODUCTION

Compassion is currently at the forefront of healthcare policy and is debated both nationally and internationally in relation to practice and education [1] but it is not a new concept in nursing. Florence Nightingale [2] suggested that nurses should care for patients with empathy and compassion. Compassionate care, as defined by Dewar et al. [3] as:

*"the way in which we relate to other human beings. It can be nurtured and supported. It involves noticing another person's vulnerability, experiencing an emotional reaction to this and acting in some way with them, in a way that is meaningful for people. It is defined by the people who give and receive it, and*

*therefore interpersonal processes that capture what it means to people are an important element of its promotion."*

This paper reports on some of the findings of a study, undertaken by the lead author as part of his Professional Doctorate, which explored the experiences of fifteen student nurses, from across the West of Scotland, regarding compassionate care within the Emergency Department. The methodology utilized is based upon the works of Sandelowski [4,5] and Stebbins [6].

## II. LITERATURE REVIEW

A review of the literature can, in its own right, be used to inform best clinical practice [7]. However, in the context of research, the purpose of a literature review is to provide the researcher with a critical summary of the existing body of knowledge surrounding the topic under investigation and to put the researcher's questions into context [8]. The review of the literature should also identify a deficit of knowledge and therefore justify the need for further study in that topic area [9]. As an EDQ study, Sandelowski [4] makes no explicit comment on how, or if, a literature review should be presented in a descriptive qualitative study. Whereas Stebbins [6] suggests that in exploratory research, literature reviews are "carried out to demonstrate that little or no work has been done on the group, process or activity under consideration". Therefore, in an EDQ study, the researcher should search for studies which are most closely related to the topic under investigation, and then demonstrate how they leave certain critical aspects of that phenomena unexplored [6].

DOI: 10.5176/2345-718X\_5.1.178

A literature search of numerous electronic databases was undertaken. This included CINAHL and MEDLINE, two of the best for literature searches relating to nursing [10], and Google Scholar. In regards student nurses and compassionate care, the identified literature was sub-divided into three broad areas: student nurse recruitment; teaching and learning; academic support. A longitudinal study by Rankin [11] suggested that part of the recruitment process for student nurses should include emotional intelligence testing, as this enables candidates to consider if they have the necessary attributes and values to provide compassionate care in clinical practice. An Australian paper by Pitt et al. [12] also used a longitudinal study approach and made similar points to Rankin [11] in that personal quality assessment may have a part to play in the recruitment process of student nurses, but that it needs to be in concert with other methods. Building upon their study, in a second paper, Pitt et al. [13] highlight that personal qualities of student nurses do not appear to alter as a result of undertaking nurse education. This may suggest that teaching students about concepts such as compassionate care have a limited influence on students' personal qualities.

With regards teaching and learning, Curtis et al. [14] undertook a grounded theory study, which explored the experiences of student nurses with regards to their professional socialisation, any concerns they had in relation to the provision of compassionate care and how these concerns were managed. Data was collected from nineteen students via individual in-depth interviews, lasting between 1 and 1.5 hours. Findings from this study include the notion that time and being able to communicate with patients is central to the provision of compassionate care and that organisational pressures can have a negative impact on the ability of nurses to provide compassionate care [14]. Curtis et al. [14] conclude by suggesting that whilst student nurses aspire to the professional ideal of compassionate practice, a dissonance with the realities of modern nursing practice exists. In a discussion paper, Adam and Taylor [15] suggest it is crucial that pre-registration nurse programmes allow students to develop the skills, knowledge and attitudes required to deliver care with compassion. They go on to highlight the use of reflective workshops comprising approximately 30 students to 1 lecturer, to consider students' real experiences of encounters in clinical practice where they felt compassionate care could have been enhanced. Adam and Taylor [15] propose that this teaching approach allowed the students to explore their learning in relation to the provision of compassionate care and to make changes as to how they would deal with challenges to its provision when back in clinical practice. Building upon the concept of using reflection to teach student nurses about compassionate care, Adamson and Dewar [16] report on the outcomes of an action research study they undertook. Stories about care were gathered from real clinical settings in a variety of ways and incorporated into a module which focused on the recognition of a deteriorating patient. The stories of caring were then used for guided reflection and online discussion by both students and registered nurses who were encouraged to reflect on and relate the stories to their

experiences in clinical practice and personal values. Adamson and Dewar [16] conclude their article by suggesting that the use of real life examples of care from clinical practice is useful for helping to teach students about compassionate care and to bridge the known gap between theory and practice which exists in nurse education.

In relation to academic support, Ross et al. [17] conducted a qualitative study exploring the relationship between student nurses and their personal tutors. Ross et al. [17] suggest that the role of the personal tutor is to advise on academic issues, signpost to other sources of support, engage students with personal development planning and to work together to write an exit reference. The researchers conducted face to face interviews with six pre-registration nursing students and five lecturers who were undertaking the personal tutor role [17]. One of the main findings of this study was the need for students to feel cared for and that their vulnerabilities were being recognised. Ross et al. [17] suggested that this relates to the personal tutor, and the wider university, demonstrating compassion for students experiencing difficulties. The paper suggests that in order to develop compassionate care in student nurses, it is the responsibility of the academics involved in pre-registration programmes to demonstrate the traits associated with compassionate care [17].

Whilst there is directly relatable literature available it is somewhat limited. What became apparent was that the voices of student nurses themselves regarding compassion was absent from the literature. This helped to justify the need for this current study.

### III. METHODOLOGY AND METHODS

Polit and Beck [18] briefly consider exploratory research, and suggest that it is designed to illuminate the ways in which a phenomenon is manifested and is especially useful in uncovering the full nature of a little-understood phenomenon. Reid-Searl and Happell [19] concur, suggesting that a qualitative exploratory design allows the researcher to explore a topic with limited coverage within the literature and allows the participants to contribute to the development of new knowledge in relation to the area of study. The purpose of a descriptive study is to document and describe the phenomena of interest [20]. In her paper, Sandelowski [4] suggests that descriptive qualitative studies should be the methodology of choice when the aims of the research are to produce a straight forward description of the phenomenon. Caelli et al. [21] highlight that this approach to research is effective in allowing the researcher to understand who is involved, what was involved and where events took place in relation to the phenomenon of interest. A key point, which Sandelowski [5] stresses, is that qualitative descriptive studies are not intended to be used to salvage pieces of research that have been poorly conceived or conducted. Qualitative descriptive studies cannot be justified when a different, more interpretive, qualitative methodology would have been more suited to answer the aims

of the research [5]. Exploratory research, on the other hand, involves moving beyond description to arriving at an understanding of the phenomena under investigation [6]. Whilst other authors have stated that they have used an exploratory-descriptive qualitative approach to their research, they have often lacked theoretical underpinning. One paper was identified which states that "explorative research examines a phenomenon of interest, rather than simply observing and recording incidents of the phenomenon..." and goes on to suggest that the descriptive element is used to gain insight and inform nursing care [22]. Having recognised the potential application of Stebbins' [6] work to nursing and that of Sandelowski [4,5], the lead author formally created a hybrid of the two methodologies, as illustrated in Figure 1.

### Methods

Ethical approval was granted from the university where the lead author undertook his Professional Doctorate, with access to the participants granted from the university the student nurses attended. Data was collected via individual, face-to-face, semi-structured interviews with 15 participants (5x 1st year, 5x 2nd year and 5x 3rd year students from across four different geographical locations in the West of Scotland). The

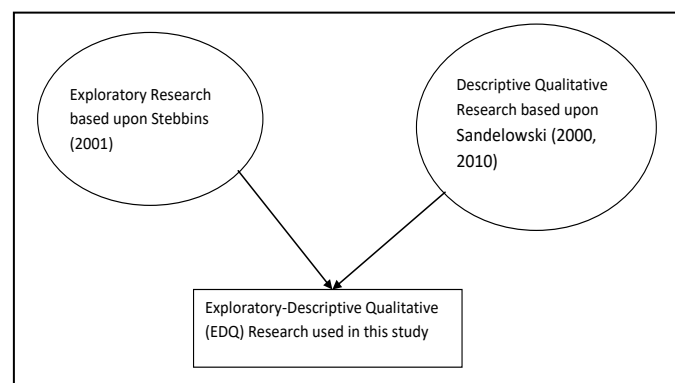


Fig. 1. Conceptual framework: the creation of EDQ [23]

sample comprised of ten female and five male students. Prior to recording the interview, participants chose a pseudonym. This would allow participants to recognise any comments they made when the research was published [24]. Interviews were audio recorded and transcribed verbatim. Thematic data analysis was undertaken based upon the work of Braun and Clarke [25].

## IV. FINDINGS

Two key themes emerged: Doing the little things; and communication is the key.

### Theme 1. Doing the little things

The student nurses felt that compassionate care occurred both during and beyond the physical, often task orientated, elements of care delivery.

*"I was surprised at how nice we were. Just doing little things like getting air mattresses. Making sure they [patients] were ok with water. Just small things. I knew we would be on things like making sure their obs [observations] were done, making sure that the doctor seen them, all that kind of stuff that you might think as high priority but, em, little touches... I think maybe just going that wee extra bit for somebody, doing something that's maybe a wee bit above and beyond the tick boxes on the front of the admissions sheet, sort of thing, and that would just be whatever was important to the individual you were treating."* (Rachel)

*"However, now that with doing my nurse training I feel as if now I know more of what could be done to help and to create that safer space and it's not big things, it's sometimes the tiniest little thing that really makes a difference to someone."* (Ann)

Part of the students' exploration of compassionate care included recognizing that it involved tailoring care to the individual patient. A range of terminology was used to express this concept including: individualized, holistic and person-centred care.

*"It's [compassionate care] about treating everybody as individuals. Em, trying to get them the right care that's meant for them and (pauses for thought) not being sympathetic but understanding what is going on with the patient as well."* (Thomas)

*"She [the registered nurse] said '... always make sure your patient's okay' and it was really nice... it was something I really liked and it's something I'll always remember. Just even if it's a simple 'are you okay? how are you doing?' instead of just walking about."* (Harry)

*"It's [compassionate care] person centred care. You want the patient to feel safe, to feel cared for and you don't want them to feel uncomfortable with you participating in their care."* (Josephine)

Additionally, students associated various emotional states and terms when considering the concept of compassionate care. These included: apathy, empathy, sympathy, benevolence, vulnerability and dignity. This amalgamation of both practical skills and emotional support for patients is particularly well captured in the quotation below.

*"I think a lot of, particularly for adult nurses, quite often think that compassionate care for them is about doing personal care. Em, checking pressure areas, like all the hands on stuff. I think mental health nurses have probably got a better grip on what compassionate care is sometimes because compassion is an emotion at the end of the day, or it's an amalgamation of emotion, and they are much better at being more attuned to it. I think adult nurses have got too much of an obsession to be hands on when actually, quite often, the best*

*thing to do for your patient is just to sit down, listen and shut up."* (Tom)

Opportunities for compassionate care were also considered by the participants with the student nurses highlighting that there are various points in the patient's journey where compassionate care can be provided, regardless of what else is going on around them.

*"There is always time when you are hanging a bag of fluids or when you are putting a blood pressure cuff on or when you are sorting things out and getting them [patients] checked in that you can have that conversation."* (Donna)

One of the 3rd year students highlighted that these opportunities exist regardless of what stage in training the student nurse may have reached.

*"You can still deliver compassionate care regardless of what it is you are there to do, whether you are just observing or just your manner, the way you smile, you know, the way you help with things, how thoughtful you are. Em, I think, you know, students can deliver compassionate care regardless of what year they are in."* (Ann)

There was also significant content relating to the importance of communication with patients in relation to the provision of compassionate care. This is detailed in the second theme.

## *Theme 2. Communication is the key*

By reviewing the interview transcripts and the coded data during the data analysis process, the second most common code to appear was "Communication". This aspect was discussed 24 times by 60% of the participants (n=9) indicating that the student nurses saw a clear connection between communication and the delivery of compassionate care.

*"It's [compassionate care] just, it's, it's talking to individuals... like all through your training and your HNC [Higher National Certificate studied at college prior to becoming a student nurse], and they always brought it back to this: communication and communication."* (Leeanne)

*"I liked being involved in that [caring for woman with vaginal bleeding] because I felt like I was actually doing something. I felt like I was helping even standing talking to them for a bit, I was, I was interested in what they had to say. I wasn't just asking about what they were in for I was asking about their families and things like that."* (Danielle)

In a further example, one student recounted his experience of being present with his mentor whilst bad news was being broken to a family. He focused on the communication and compassion that were shown in the situation.

*"When you see the nurse giving the information, the bad news, you can still see their non-verbal communication, their verbal communication, their reassurance and to try and explain the situation, even in the worst case scenario for the family. Em, it's trying to... it's trying to give them compassionate care, that compassionate care to someone who has ultimately, has maybe lost their partner they've been with for years and they [the nurse] still remain calm and collected."* (Jamie)

An aspect of communication, which was highlighted by the participants was the need for active listening. They suggested that communication went beyond gathering necessary information but was, in and of itself, an aspect of compassionate care.

*"I think if I was to see compassionate care in other staff members, it's the ones that actually sit down and listen to what the patients have to say... Em, the patient can speak to them about trauma or anything that happened and they can feel like a weight has been lifted. The staff members' not actually said anything, they've just listened, they're a sounding board."* (Tom)

Supplementary to these elements of communication, participants also described the building of relationships and being able to relate to others as having an influence on the delivery of compassionate care.

*"When you, kind of, build that, kind of, relationship, for the time that you are able to, I think that's you showing compassion."* (Robert)

*"So that was [an example of] really good care and compassion because although he... the man was ill, he had a good rapport with everyone and they knew that as soon as they got him tidied up, fixed, he would be home."* (Leeanne)

Communication and the ability to relate to patients are interlinked as they are both required to allow students to build effective therapeutic relationships with patients, their families, members of the general public and professional relationships with other healthcare staff [26]. Some students reported having difficulty relating to certain patient groups or patients with certain conditions whilst others found it easier if they could draw upon their own experiences, or that of a loved one.

*"I wanted to be as compassionate as possible but I felt as if I couldn't be. But I don't know if it's because I hadn't had much experience of working with paediatric patients."* (Harry)

*"I was relating quite a lot of stuff back to, like, my family. Like my sister and my dad, so I was. Like my dad's chronic asthmatic, my sister had cancer, quite a lot of patients came in with things like that, that I could relate to."* (Thomas)

## V. DISCUSSION

Students highlighted that compassionate care was about 'doing the little things' such as ensuring patients had water or providing a cup of tea. Gasquoin [27] considered the idea of these 'little things' and concluded that these non-technical and non-pharmacological interventions make a critical difference in patients and their families feeling cared for and about. The notion that nursing care includes these small acts of significance is echoed by Pearson [28] who suggests that rather than being deemed as the core of the profession, they exist on the outskirts. He goes on to suggest that "they are known to be important, but have little status. They are seen as simple, not clever; basic, not exquisite; peripheral, not central" [28]. To address the status associated with caring and compassion, Olshansky [29] highlights the need for nursing to claim these as dimensions of professional practice. She goes on to suggest that nursing has previously been described as both an art and a science, but that it is only the science components which are seen as a hallmark of the profession [29]. Five students made reference to caring for patients in a way that either they would want to be cared for themselves or would want their loved ones cared for. Both qualified and pre-registration healthcare professionals have been found to share this view [30]. Dewar et al. [31] argue that compassionate care is actually about caring for patients in the way that they want to be cared for. McLean [32] suggests that compassion involves valuing and respecting people as individuals and responding to them in ways that appreciate the human experience of healthcare. This suggestion is supported by Bray et al. [30] who found that both pre-registration students and qualified health practitioners from nursing, midwifery and allied health professions rated providing individualized care as the second most important attribute of compassion.

As students considered what compassionate care meant to them, a significant number (n=9) discussed communication. They identified a clear link between effective communication and the delivery of compassionate care. It is suggested that effective communication is the most important skill that nurses should possess [33]. The link between communication and compassionate care was clearly articulated by one student who suggested that it was about having a genuine interest in what was happening with the patient. They stated that the interaction between the student/nurse and the patient was more than gathering the required information; it was about getting to know the person and showing empathy. A qualitative study of patients' experiences of compassionate care within an acute hospital [34] found that patients wanted nurses to have an understanding of what they were going through. Likewise, Dewar [1] recognizes that knowing the person is key to the delivery of compassionate care and that conversing with patients to understand who they are and what matters to them facilitates it. Students also suggested that the provision of reassurance was an element of compassionate care. Reassurance was based around the provision of information and explanations, in a manageable format. The provision of

information has been shown to be a key factor in offering reassurance to patients [35]. From the students' experience, reassurance was linked to compassionate care by simply asking the question "are you okay?". Another element of communication, which students associated with compassionate care, was active listening. Elcock and Shapcott [33] suggest that active listening is showing the person you are speaking to that you understand the meaning of what they have been saying. Communication skills, such as active listening and the use of open questions, contribute to nurses' ability to empathise with their patients [36]. Students described being genuine, understanding and showing patients that they cared about their concerns. Not only did the students recognize the role that communication plays in relation to compassionate care, they also demonstrated knowledge of the nuances of communication. They were discerning and discussed knowing the person, along with the use of verbal and non-verbal communication, reassurance and active listening.

Students suggested that being able to build a relationship with their patients was, in and of itself, an aspect of showing compassion. The connection between the building of relationships and compassionate care is evident within the literature. A relationship based on empathy, respect and dignity is an essential component of compassionate care [37,38]. Youngson [39] highlighted the need to improve communication and relationship skills in order to improve the delivery of compassionate care. Dewar [1] builds upon this, but suggests that the quality of the relationship is important. The ability to develop a high quality, compassionate relationship with patients, or their families, requires skill and expertise [40]. Through reflection, students in Adam and Taylor's [15] paper identified that effective interpersonal skills, including assertiveness, were required to develop as compassionate nurses. They also recognized that reflection itself was a useful mechanism to develop coping strategies to deal with the realities of modern nursing practice [15]. The literature also highlights that if students are to become compassionate practitioners, they need to witness caring and compassion from educational faculty, as well as nurses in clinical practice [41].

## VI. LIMITATIONS

The findings of this research are based upon fifteen participants who were studying at the same university. Although participants were drawn from four different campuses they were all undertaking the same programme of study and therefore exposed to the same theoretical content. Student nurses from other universities may have had provided different responses. Equally, the study involved students undertaking a BSc Adult Nursing programme. It is conceivable that BSc Mental Health Nursing, BSc Child Nursing or BSc Learning Disabilities Nursing students may have had a different experience of what compassionate care means to them.

## VII. RECOMMENDATIONS

The following recommendations have emerged in relation to this aspect of the study.

- Examples of compassionate care should be celebrated. On return from clinical practice into the university, there should be an opportunity for students to share their experiences of 'doing the little things' with their peers.
- Students should receive theoretical preparation regarding their communication skills for building therapeutic relationships with patients within a limited time frame. These skills can then be demonstrated in university (e.g. in a workshop) before being honed in clinical practice.

## VIII. CONCLUSION

The students in this study have described how compassionate care to them is about 'doing the little things'. They recognized that small acts of kindness can have a significant impact on the quality of the care being provided. In addition, they highlighted that communication and the building of relationships with patients and their family members were key components in how compassionate care was manifest.

## ACKNOWLEDGMENTS

The researchers would like to thank the fifteen student nurses who participated in this study. D.J.H. would like to thank his employer, University of the West of Scotland, for providing financial assistance to cover some of the course costs for his Professional Doctorate and to J. McC. and D. H. for their support throughout this process.

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